



2007 California Rules of Court

Rule 1.100. Requests for accommodations by persons with disabilities

(Subd (a) repealed effective January 1, 2007; previously amended effective January 1, 2006.)

(a) Definitions

As used in this rule:

- (1) "Persons with disabilities" means individuals covered by California Civil Code section 51 et seq.; the Americans With Disabilities Act of 1990 (42 U.S.C. §12101 et seq.); or other applicable state and federal laws. This definition includes persons who have a physical or mental impairment that limits one or more of the major life activities, have a record of such an impairment, or are regarded as having such an impairment.
- (2) "Applicant" means any lawyer, party, witness, juror, or other person with an interest in attending any proceeding before any court of this state.
- (3) "Accommodations" means actions that result in court services, programs, or activities being readily accessible to and usable by persons with disabilities. Accommodations may include making reasonable modifications in policies, practices, and procedures; furnishing, at no charge, to persons with disabilities, auxiliary aids and services, equipment, devices, materials in alternative formats, readers, or certified interpreters for persons with hearing impairments; relocating services or programs to accessible facilities; or providing services at alternative sites. Although not required where other actions are effective in providing access to court services, programs, or activities, alteration of existing facilities by the responsible entity may be an accommodation.

(Subd (a) amended and relettered effective January 1, 2007; adopted as subd (b) effective January 1, 1996; previously amended effective January 1, 2006.)

(b) Policy

It is the policy of the courts of this state to ensure that persons with disabilities have equal and full access to the judicial system. To ensure access to the courts for persons with disabilities, each superior and appellate court must delegate at least one person to be the ADA coordinator, also known as the access coordinator, or designee to address requests for accommodations. This rule is not intended to impose limitations or to invalidate the remedies, rights, and procedures accorded to persons with disabilities under state or federal law.

(Subd (b) adopted effective January 1, 2007.)

(c) Process for requesting accommodations

The process for requesting accommodations is as follows:

- (1) Requests for accommodations under this rule may be presented ex parte on a form approved by the Judicial Council, in another written format, or orally. Requests must be forwarded to the ADA coordinator, also known as the access coordinator, or designee, within the time frame provided in (c)(3).
- (2) Requests for accommodations must include a description of the accommodation sought, along with a statement of the impairment that necessitates the accommodation. The court, in its discretion, may require the applicant to provide additional information about the impairment.
- (3) Requests for accommodations must be made as far in advance as possible, and in any event must be made no fewer than 5 court days before the requested implementation date. The court may, in its discretion, waive this requirement.
- (4) The court must keep confidential all information of the applicant concerning the request for accommodation, unless confidentiality is waived in writing by the applicant or disclosure is required by law. The applicant's identity and confidential information may not be disclosed to the public or to persons other than those involved in the accommodation process. Confidential information includes all medical information pertaining to the applicant, and all oral or written communication from the applicant concerning the request for accommodation.

(Subd (c) amended effective January 1, 2007; previously amended effective January 1, 2006.)

(d) Permitted communication

Communications under this rule must address only the accommodation requested by the applicant and must not address, in any manner, the subject matter or merits of the proceedings before the court.

(Subd (d) amended effective January 1, 2006.)

(e) Response to accommodation request

The court must respond to a request for accommodation as follows:

- (1) The court must consider, but is not limited by, California Civil Code section 51 et seq., the provisions of the Americans With Disabilities Act of 1990, and other applicable state and federal laws in determining whether to provide an accommodation or an appropriate alternative accommodation.
- (2) The court must inform the applicant in writing, as may be appropriate, and if applicable, in an alternative format, of the following:
 - (A) That the request for accommodation is granted or denied, in whole or in part, and if the request for accommodation is denied, the reason therefor; or that an alternative accommodation is granted;
 - (B) The nature of the accommodation to be provided, if any; and

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http://www.courtinfo.ca.gov/rules/index.cfm?title=one&linkid=rule1_10

(C) The duration of the accommodation to be provided. (f) Denial of accommodation request

- (Subd (e) amended effective January 1, 2007; previously amended effective January 1, 2006.)
- A request for accommodation may be denied only when the court determines that: (1) The applicant has failed to satisfy the requirements of this rule;
- (2) The requested accommodation would create an undue financial or administrative burden on the (3) The requested accommodation would fundamentally alter the nature of the service, program, or

Review procedure

(Subd (f) amended effective January 1, 2007; previously amended effective January 1, 2006.)

(1) An applicant or any participant in the proceeding in which an accommodation request has been denied or granted may seek review of a determination made by noniudicial court nersonnel An applicant or any participant in the proceeding in which an accommodation request has be within 10 days of the date of the recoonse by confiniting in writing in writing a request for review to the days of the days of the reconnection of the days of denied or granted may seek review of a determination made by nonjudicial court personnel preciding indicial officer minimage, in writing, a request for review to the

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

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MENTAL HEALTH TREATMENT PLAN: Sequen	tial Part One Identifier Numbe	r Page 1 of 2
Original Update Rejustification		CCMS Annual Case Review
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MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96] Part One: General, Team, MSE	LEVEL OF CARE	Cunning ham James
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State of California, Department of Corrections: N/C/S Region, Service Area = 1, Institution,				
TREATMENT PLAN PART TWO: PROBLEM > # pg. Today Date: 7/2/62				
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State of California, Department of Corrections -- Institution: SCC Prior Page Number : ____

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	Sleep	WNL
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	Delusions	□ None
	Medications	□ Helpful
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	Progress of identified problems/needs/issues	(see MH2)
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MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96]	LEVEL OF CARE CCCMS	Last Name:	First Name:) Jane
Confidential Client/Patient Information See W & I Code, Section 5328	EOP Outpatient	cdc# <u>V-</u> 7	2323 дов_	<i>JJ</i>

Case 3:07-cv-02183-DMS-BLM Document 23-2 Filed 03/24/2008 Page 14 of 35

State of California, Department of Corrections -- Institution: SCC Prior Page Number: CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams. Date/Time: Use Name & Title Stamp. 11-28-06 ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE Appearance WIL Diff are ver Behavior ---D-WNL Mood U-WNL Sleep □ WNL Appetite WNL WNL WNL Affect Suicidality ☐ None noted or stated Iallucinations Hallucinations None **Delusions** Medications □ Helpful Referral to psychiatrist needed -Progress of identified problems/needs/issues (see MH2) COMMENTS: L. Allen, Ph.D Staff Psychologist Sierra Conservation Center

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96]	LEVEL OF CARE CCCMS	East Name: First Name: MI: Cunninghan, ames
[WIII 3 [3/21/90]	CCCMS	
Confidential Client/Patient Information See W & I Code, Section 5328	EOP Outpatient	cdc# <u>V72323</u> дов_/_/_

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INTERDISCIPLINARY PROGRESS NOTES

CLINICIAN

S. Rippner, PhD

CDCR 7230-MH (Rev. 06/06)

Confidential Client/Patient Information

CDCR NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Last Name: ·

First Name:

CUNNINGHAM

JAMES

CDCR:#:

DOB:

V72323

2/16/1958

STATE OF CALIFORNIA

INSTITUTION

CMC-E

DEPARTMENT OF CORRECTIONS AND REHABILITATION

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STATE OF CALIFORNIA

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State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinic SCC Weekly Summary of Psych Tech Clinical Rounds

All Staff, Clinicians, Treatment Teams.
inical Rounds ASU/OHU

Jan	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2007	7	8	9	10	11	12	13
Suicidal Ideation	None Noted	None Noted	None Noted	None Noted	None Noted	None Noted	None Noted
e de la companya de l	Mild Serious	Mild Secious	Mild Serious	Mild Serious	Mild Serious	Mild Serious	Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
,	Sad	Sad	Sad	Sad	Sad /	Sad	Sad
	WNI	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad.	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruept	Incongruent	Incongruent	Incongruent
1000	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
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Orientation	X1_X2 X3 (A)	X1:X2:X3:X4	X1 X2 X3 X4	X1 X2 X3 X4	V3V2 V2 4V4	X1 X2 X3 X4	·
	yes no semi						X1 X2 X3 X4
		yes no semi	yes no/semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep		good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor		good fair poor	good fair poor	good fair poor	good fair poor-	good-fair-poor-
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Current MHSDS S	tatus: 💆CCC	MS □EOP	□МНСВ	Current Place	ement: □AS	и Ж они	ljendamikk av dengasti
Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
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MH 3	[3/21/96]		

Confidential Client/Patient Information See W & I Code, Section 5328 LEVEL OF CARE

Inpatient Outpatient

Last Name:

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MI:

CDC#V72323 DOB_/_

State of California, Department of Corrections -- Institution: SCC Prior Page Number : _

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES:

All Staff, Clinicians, Treatment Teams.

SCC	W	eekly Sumn	iary of Psyc	h Tech Clini	ical Rounds	•	ASU/OHU	
Jan	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date: 2007	s tes e to The transport	8	9	10	A State of the Sta	12	13	
uicidal Ideation	None Noted	None Noted	None Noted	None Noted	None Noted	None Noted	None Noted	
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lood .	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Serious Euthymic	Serious	
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	Incongruent	Incongruent	Incongruent	Incongruent.	Incongruent	Incongruent	Incongruent	
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		yes no N/A	yes no N/A	yes no N/A		yes no N/A	N/A yes, no N/A	}
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MENTAL HEALTH LEVEL OF Last Name First Name of Miles INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96]

Confidential Client/Patient Information See W & I Code, Section 5328

CARE

Inpatient Outpatient

State of California, Department of Corrections - Institution: SCC Prior Page Number:

CHRONOL	LOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
Date/Time:	Use Name & Title Stamp.
1-5-07	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance
	Behavior
	Mood UWNL
	Sleep 🖸 WNL
	Appetite 🗹 WNL
	Affect
	Suicidality
	Hallucinations Mone
	Delusions
	Medications Helpful
٠.	Referral to psychiatrist needed
	Progress of identified problems/needs/issues (see MH2)
	GOMMENTS: Deer at cell front:
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	vist; langering on Mon.
transport	<u> </u>
	L. Allen, Ph.D
	Staff Psychologist Sierra Conservation Center Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:	
MH 3 [3/21/96]	CCCMS		
Confidential Client/Patient Information See W & I Code, Section 5328	ЕОР	cpc # V-72323 DOB	
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State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ____

CHRONOI	LOGICAL INTERDISCIPLINARY PROGRESS	NOTES: All Staff, Clinicians, Treatment Teams.
Date/Time:		Use Name & Title Stamp.
12-29-06	ADMINISTRATIVE SEGREGATION CA	SE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance	Ó WNL
	Behavior	D WNL
· .	Mood	3 WNL
	Sleep	3 WNL
	Appetite	D WNL
	Affect .	D/WNL
	Suicidality	☐ None noted or stated
	Hallucinations	☑ None
	Delusions	None
	Medications	Helpful
	Referral to psychiatrist needed	
	Progress of identified problems/needs/jssues (s	ее МН2),
	COMMENTS: Seen at cel	I front:
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	and callen Accepted	an indurdual wront.
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	Sierra	aff Psychologist Conservation Center
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MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI: Unningwar
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Confidential Client/Patient Information See W & I Code, Section 5328	ЕОР	CDC# √72323 DOB //
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State of California, Department of Corrections -- Institution: SCC Prior Page Number: _____

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Date/Time:	SOCIOND INTERCED DIVINI		Use Name & Title Stamp.
12.27.0	ADMINISTRATIVE SEGR	REGATION CASE MANA	GER WEEKLY ASSESSMENT/NOTE
	Appearance	□WNL	
,	Behavior	U WNL	
	Mood	- D-WNL	
	Sleep	CAWNL P	ion
	Appetite	Ø WNL	
	Affect	U WNL	
	Suicidality	None no	oted or stated
	Hallucinations	□None	
	Delusions	☑None	
·	Medications	□ Helpfu	l
	Referral to psychiatrist needed	1 🗗	
	Progress of identified problem	s/needs/issues (see MH2)	
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	Se population		
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		Staff Psych Sierra Conserve	ition Center
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MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: MI: (UNN 1 MA M) Ja Mes
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State of California, Department of Corrections - Institution: SCC

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Prior	rage	Number	٠	

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

SCC Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

uicidal Ideation None Noted None	30 <u>,</u> 0	. • • • •	скіў эшпп	ary or respon	n Tech Chin	Cai Kounds			
Wicidal Ideation None Noted	DEC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	• .
Mild Serious S	Date: 1/37)(17	18	19	20	21	22	23	· ·
Serious Seriou	Suicidal Ideation	None Noted	None Noted	None Noted	None-Noted (None Noted	None Noted	None Noted	<i>)</i>
Serious Seriou		Mild	Mild	Mild	Mild	Mild ~	Mild	- Mild	
Angry Angr	•	Serious	Serious	Serious	Serious	Serious	Serious		•
Angry Angr	Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	
Composition		Angry	Angry	Angry	Angry	Angry	Angry	Angry	
Depressed Depres		Elated	Elated	Elated	Elated	Elated	<u> </u>		
Sad		Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	<u> </u>	
Affect Broad		Depressed	Depressed .	Depressed	Depressed	Depressed	Depressed	Depressed	
Affect Broad		Sad	Sad	Sad	Sad	Sad	Sad		l
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Blunted Blunted Hostile Hostil				Incongruent	Incongruent	Incongruent	Incongruent	Incongruent]
Hostile WNI WILL WILL WILL WILL WILL WILL WILL		<u> </u>		ļ		Blunted	Blunted	Blunted	
Orientation X1 XX 3 X4 X1 X2 X3 X4 X1 X2 X			4 S 8 S S	Hostile	Hostile	Hostile)	Hostile		· ·
Orientation X1 X2 X3 X4 X1 X2				WINZ	WNL) (WNL			4
Cooperation yes no semi yes no	Orientation/	1 /			X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4		4
Sieep (good fair poor good fair poor						yes no semi	yes no semy	yes no semi	
Appetite good fair poor good fair po		3 0000		K-V	<u> </u>	dobd fair poor	good fair poor	(good fair poor	7
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Om yes no payes no his yes no his	Med Compliant?					noor yes my	noon yes no	noon yes no	1
Current MHSDS Status: ZCCCMS DEOP DMHCB Current Placement: ZASU DOHU Referral MD CM MTA MD CM M	1,314		pm yes no	om yes no	pm yes no////	lop ves ro			-
Referral MD CM MTA Signature Weekly Summary 12/336/2 1/2 S/2000 S/S A author month leadth decomposition.	and the second	OR SOVER	hs yes no						
Signature Weekly Summary 1263bb 1 m Shows no s/s af arute mental health decompensation.	Current MHSDS	Status: ZCC	CMS DEOP	□МНСВ	Current Pla	cement: 🗷	SU DOHU		_
Weekly Summary 12/53612 Im Shous no 5/5 acute mental health decompensation.	Referral	MD CM MT	A MD CM MT/	MD CM MTA	MD CM MTA	мо/см мт.	A MD CM M	TA MD CM MTA	
Weekly Summary 1263bis Im Shours no S/S of acute mental health decomposition.	Signature	10	1	M	KC	XVI	K(KC	
af acute month health decompensation.			10	1				·	
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MENTAL HEALTH	
INTERDISCIPLINARY PROGRESS NO	TES
MH 3 [3/21/96]	

Confidential Client/Patient Information
See W & 1 Code, Section 5328.

LEVEL OF CARE

Inpatient Outpatient ast Name: First Name:

Cunning Nam

CDC # 1 72323 DOB

State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ____

CHRONOL	OGICAL INTERDISCIPLINARY PROGRE	SS NOTES: All Staff, Clinicians, Treatment Teams.
Date/Time:		Use Name & Title Stamp.
12-22-0	ADMINISTRATIVE SEGREGATION C	CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance	IS WNL
	Behavior	D WNL
	Mood	D WNL
	Sleep	Q WNL
	Appetite	© WNL
•	Affect	☑ WNL
la coper (see to grante)	Suicidality	None noted or stated
	Hallucinations	☐ None
	Delusions	☑ None
•	Medications	☐ Helpful
	Referral to psychiatrist needed	en eksterne genom til som en
<u> </u>	Progress of identified problems/needs/issues	s (see MH2)
	COMMENTS: Dan at Co	Il front:
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BARGE TRANSPORT AND	adiring to the first transfer in the second second second to the second	
· · · · · ·		L. Allen, Ph.D
		Staff Psychologist Sierra Conservation Center
	and the control of th	- Sierra Conservation Center Page#

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES		Last Name: First Name: MI:
MH 3 [3/21/96]	CCCMS	
Confidential Client/Patient Information See W & I Code, Section 5328	ЕОР	CDC# V72323 DOB_/_/_
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State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinic SCC Weekly Summary of Psych Tech Clinical Rounds

All Staff, Clinicians, Treatment Teams.
nical Rounds ASU/OHU

Date 2006 Suicidal Ideation Mid Mild Mild Mild Mild Mild Mild Mild M	1 1-11	Sunday	Monday	Tuesday	Wednesday .	Thursday	Friday	Saturday
Suicidal Ideation Mone Noted Mild	UCC		.,				,	
Suicidal Ideation None Noted Mild Serious Angry Angr	Date: 2006	10_	11	12	13	14	15	16
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Sleep. Sleep. Sleep. Slood fair poor Good	J 1.		٠	X1 X2 X3 🚱	· >	X1 X2 X3 K4		X1 X2 X3 X4
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Hygiene good fair poor good fair poo	Sleep (good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor (good fair poor
Hygiene good fair poor good fair poo	Appetite	good fair poor	good fair poor	good fair poor	good jair poor	good fair poor	good falr poor:	goor fair poor
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noon yes no noon yes no pm			 	am yes no	am yes no .	am yes no	am yes no	am yes no
Current MHSDS Status: ZCCCMS DEOP DMHCB Current Placement: ZASU DHU Referral MD CM MTA MD CM MT	Company of the Compan	noon yes no		noon yes no		14	A .	
Current MHSDS Status: ZCCCMS DEOP DMHCB Current Placement: ZASU DOHU Referral MD CM MTA MD CM M		1: *				hs yes no		
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	Referral	мо см мта	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	A MD CM MTA
Weekly Summary 12/16/00 /m TS Responsive State was acute mental chealth	Signature	X	Q-	Œ	KC.	18	KC	40
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distress acute mental chealth	Weekly Summary	12/16	66	VM	TS	eespo	msilve	Stab
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MENTAL HEALTH	,
INTERDISCIPLINARY PROGRESS N	OTES
MH 3 [3/21/96]	

Confidential Client/Patient Information See W & 1 Code, Section 5328 LEVEL OF CARE

Inpatient Outpatient Last Name: First Name: MI:

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State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinic SCC Weekly Summary of Psych Tech Clinical Rounds

All Staff, Clinicians, Treatment Teams.
inical Rounds ASU/OHU

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	Sunday .	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date 12/3/106	3/	1	2	3	4	(5	4
Suicidal Ideation	None Noted	Klone-Noted	None Noted	None-Noted	None Noted	None Nated	None Noted
	Mild	Mild	Mild	Mild	Mild	Mild	Mild
	Serious	- Serious	Serious	Serious	Serious	Serious	Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
- 	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
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Affect	Broad	Broad	Broad -	Broad	Broad .	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted -
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
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Current MHSDS S	tatus: ØCCC	CMS DEOP	□MHCB	Current Place	ement: ⊕AS	Ú DOHU	<u> </u>
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Weekly Summary	1/1/2/0	7 7	1/00	7<	e to la	0 0 -	<u> </u>
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MENTAL	HEALTH
INTERDISCIPLINAR	Y PROGRESS NOTES
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MH 3 [3/21/96]
Confidential Client/Patient Information
See W & I Code, Section 5328

LEVEL OF CARE

Inpatient Outpatient asi Namo Firsi Name:

CDC # V.72323 DOB

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State of California, Department of Corrections - Institution: SCC

Prior Page Number: ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinic SCC Weekly Summary of Psych Tech Clinical Rounds

All Staff, Clinicians, Treatment Teams.

Date: 240 24 25 26 27 29 39 Suicidal Ideation None Noted None Note	None Noted None Noted Mild Serious Euthymic Angry Elated Anxious Depressed Sad WNI Broad Restricted Flat Incongruent Blunted Hostile WNI X1 X2 X3 K4)
Suicidal Ideation None Noted) None Noted) Mild Mil	Mild Serious Euthymic Angry Elated Anxious Depressed Sad WNI Broad Restricted Flat Incongruent Blunted Hostile
Suicidal Ideation Mild Mild Mild Mild Mild Mild Mild Mild	Mild Serious Euthymic Angry Elated Anxious Depressed Sad WNI Broad Restricted Flat Incongruent Blunted Hostile
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Cooperation (yes) no semi	1/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Sleep good fair poor	good fair poor
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Current MHSDS Status: PCCCMS DEOP DMHCB Current Placement: PASU DOHU	· · · · · · · · · · · · · · · · · · ·
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MENTAL HEALTH	
INTERDISCIPLINARY PROGRESS NO	TES-
MH 3 [3/21/96]	3.0

Confidential Client/Patient Information See W & I Code, Section 5328 LEVEL OF CARE

Inpatient Outpatient Last Name: First Name:
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CDC # V-72323 DOB_/_/_

Prior Page Number : _ State of California, Department of Corrections -- Institution: SCC CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams. Use Name & Title Stamp. Date/Time: ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE WNL Appearance WNL Behavior WNL Mood **WNL** Sleep **WNL** Appetite WNL Affect ☑ None noted or stated Suicidality ☑ None Hallucinations None **Delusions** Helpful Medications Referral to psychiatrist needed Progress of identified problems/needs/issues (see MH2) COMMENTS

-	MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: IMI:
	MH 3 [3/21/96]	CCCMS	
	Confidential Client/Patient Information See W & I Code, Section 5328	EOP	CDC # V- 7 23 23 DOB _/_/_
		Outpatient	

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	LEVEL OF	Last Name:	First Name:	Mi:
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i Baranda a Baranda Baranda a Baranda		MENTAL FIEALDH SCIPLIN ARY PROGRESS NOTIES CARE MH 3 13/21/961 Inpatient LEVEL OF Last Name: MH 3 13/21/961 Inpatient
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